

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-878)

SERIAL NO.	10/511429	FILED DATE
APPLICANT(S)		

CLAIMS

CLAIM NUMBER	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
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TOTAL IND.	2					
TOTAL DEP.	3	↓		↓		↓
TOTAL CLAIMS	15					

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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100					
TOTAL IND.		↓		↓	
TOTAL DEP.			↓		↓
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS